

Check A But  
Don't Forget Specimen

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION  
(FOR USE WITH FORM 375)**

SERIAL NO.

APPLICANT(S)

FILING DATE

19 / 880852

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	27					
TOTAL CLAIMS	31					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						